QBE-102 (Rev. 07/2022)					
Check One: Report for County School System				Georgia De	partment of Revenue
Report for Independent School System	m			_	ent Services Division
Name of Independent School System:			1	At	tn: Distributions Unit
2022 QUALITY BA	ASIC EDUCATION	ON REPORT (QBE)		4125 Welc	ome All Rd, Suite 701
					Atlanta GA 30349
COUNTY NAME:		COUNTY COMMISSIONER		Fax Number: (404) 724-7011	
				Email: localgovt.	services@dor.ga.gov
For the period of JULY 1, 202		provide a breakdown, by source, of all local re	•	uted to the school system for maintenance an hool system.	d operation.
	Complete, sign, and retu	<mark>ırn to the above address, fax number, or</mark>	<mark>email address no later tl</mark>	nan SEPTEMBER 1, 2022.	
FAILURE TO SUBMIT 1	THIS FORM ACCURATELY	AND TIMELY COULD ADVERSELY AFFECT	OUR SCHOOL FUNDING 1	THROUGH THE QUALITY BASIC EDUCATION	ACT.
PART 1 - TAX REVENUE		PART 2 - ITEMS "IN LIEU OF" TAX		PART 3 - NON-TAX REVENUE	
SOURCE OF REVENUE	AMOUNT DISTRIBUTED	SOURCE OF REVENUE	AMOUNT DISTRIBUTED	SOURCE OF REVENUE	AMOUNT DISTRIBUTED
Liquor / Beer / Wine / Tax License		Refuge Revenue Sharing		Bank Interest	
Local Option Sales Tax		U.S. Treasury Wildlife Fund		Other: (List and explain below or on back)	
(Only if distributed to School System)		Housing Authority			
Motor Vehicle Title Ad Valorem		Bureau of Land Management			
Other: (List and explain below or on back)		Other: (List and explain below or on back)			
TOTAL:		TOTAL:		TOTAL:	
I hereby certify that the information contain	ned on this form is correct	and represents the information required in O	.C.G.A. Section 20-2-164.	OF OF O	

Email Address

Phone Number

Signature - Chairman, Board of County Commissioners

Date